



## **Post-Traumatic Stress Disorder**

### ***March , 2003***

1: Am J Nurs. 2001 Dec;101(12):59-60.

Managing trauma and stress caused by terrorism.

Friedman Y.

Publication Types:

Directory

PMID: 12602404 [PubMed - indexed for MEDLINE]

2: Am J Psychiatry. 2003 Feb;160(2):371-3.

Reduction of nightmares and other PTSD symptoms in combat veterans by prazosin: a placebo-controlled study.

Raskind MA, Peskind ER, Kanter ED, Petrie EC, Radant A, Thompson CE, Dobie DJ, Hoff D, Rein RJ, Straits-Troster K, Thomas RG, McFall MM.

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**OBJECTIVE:** Prazosin is a centrally active alpha(1) adrenergic antagonist. The authors' goal was to evaluate prazosin efficacy for nightmares, sleep disturbance, and overall posttraumatic stress disorder (PTSD) in combat veterans. **METHOD:** Ten Vietnam combat veterans with chronic PTSD and severe trauma-related nightmares each received prazosin and placebo in a 20-week double-blind crossover protocol. **RESULTS:** Prazosin (mean dose=9.5 mg/day at bedtime, SD=0.5) was superior to placebo for the three primary outcome measures: scores on the 1) recurrent distressing dreams item and the 2) difficulty falling/staying asleep item of the Clinician-Administered PTSD Scale and 3) change in overall PTSD severity and functional status according to the Clinical Global Impression of change. Total score and symptom cluster scores for reexperiencing, avoidance/numbing, and hyperarousal on the Clinician-Administered PTSD Scale also were significantly more improved in the prazosin condition, and prazosin was well tolerated. **CONCLUSIONS:** These data support the efficacy of prazosin for nightmares, sleep disturbance, and other PTSD symptoms.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 12562588 [PubMed - indexed for MEDLINE]

3: J Clin Psychiatry. 2002;63 Suppl 13:32-8.

Clinical use of quetiapine in disease states other than schizophrenia.

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Although quetiapine was introduced as an atypical antipsychotic drug with clinical efficacy in schizophrenia patients, it has been used in a variety of disease states over the last 5 years. The most common conditions have included mood and anxiety disorders, obsessive-compulsive disorder, aggression, hostility, posttraumatic stress disorder, borderline personality disorder, delirium, and comorbid substance abuse. Considering its efficacy in a wide variety of neuropsychiatric conditions and its excellent tolerability profile, quetiapine could emerge as a broad-spectrum psychotropic medication that may be helpful in psychiatry across various diagnostic categories. Traditionally, studies on the predictive validity of psychiatric disorders help with nosologic issues and controversies. Assessing quetiapine's tolerability and its overall treatment response might help tease out the predictive validity of various psychiatric syndromes (based currently on an atheoretical descriptive approach) and may shape psychiatric nosology in the future. Quetiapine's low affinity and fast dissociation from postsynaptic dopamine-2 receptors give the least risk of producing acute extrapyramidal side effects, tardive dyskinesia, and neuroleptic malignant syndrome. These factors suggest that the clinical utility of quetiapine in psychiatric conditions other than schizophrenia has not been fully exploited thus far.

Publication Types:

Review

Review, Tutorial

PMID: 12562145 [PubMed - indexed for MEDLINE]

4: J Emerg Nurs. 2003 Feb;29(1):23-8.

Work stress and posttraumatic stress disorder in ED nurses/personnel.

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INTRODUCTION: Work-related stress in the emergency department previously has been linked to depression and burnout; however, these findings have not been extended to the development of anxiety disorders, such as posttraumatic stress disorder (PTSD). Three sets of factors have been shown to contribute to stress in ED personnel: organizational characteristics, patient care, and the interpersonal environment. The current study addressed whether an association exists between sources of workplace stress and PTSD symptoms. METHOD: Respondents were 51 ED personnel from a hospital in a large Canadian urban center. The majority of respondents were emergency nurses. Respondents completed questionnaires measuring PTSD and sources of work stress and answered a series of questions regarding work-related responses to stress or trauma. RESULTS: Interpersonal conflict was significantly associated with PTSD symptoms. The majority of respondents (67%) believed they had received inadequate support from hospital administrators following the traumatic incident and 20% considered changing jobs as a result of the trauma. Only 18% attended critical incident stress debriefing and none sought outside help for their distress. DISCUSSION: These findings underscore the need for hospital administrations to be aware of the extent of workplace stress and PTSD symptoms in their employees. Improving the interpersonal climate in the workplace may be useful in ameliorating PTSD symptoms.

PMID: 12556825 [PubMed - indexed for MEDLINE]

5: Psychol Bull. 2003 Jan;129(1):52-73.

Predictors of posttraumatic stress disorder and symptoms in adults: a meta-analysis.

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A review of 2,647 studies of posttraumatic stress disorder (PTSD) yielded 476 potential candidates for a meta-analysis of predictors of PTSD or of its symptoms. From these, 68 studies met criteria for inclusion in a meta-analysis of 7 predictors: (a) prior trauma, (b) prior psychological adjustment, (c) family history of psychopathology, (d) perceived life threat during the trauma, (e) posttrauma social support, (f) peritraumatic emotional responses, and (g) peritraumatic dissociation. All yielded significant effect sizes, with family history, prior trauma, and prior adjustment the smallest (weighted  $r = .17$ ) and peritraumatic dissociation the largest (weighted  $r = .35$ ). The results suggest that peritraumatic psychological processes, not prior characteristics, are the strongest predictors of PTSD.

Publication Types:

Meta-Analysis

PMID: 12555794 [PubMed - indexed for MEDLINE]

6: Can J Psychiatry. 2002 Dec;47(10):973-4.

Oxcarbazepine treatment of posttraumatic stress disorder.

Berigan T.

Publication Types:

Letter

PMID: 12553136 [PubMed - indexed for MEDLINE]

7: Can J Psychiatry. 2002 Dec;47(10):953-8.

Posttraumatic symptoms and disability in paramedics.

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OBJECTIVE: The concern that secondary gain may result in an overreporting of trauma symptoms in those seeking compensation or taking stress leave from work has raised questions about the relation between posttraumatic stress and disability. This study attempts to examine the relation between traumatic stress symptoms and the use of work leave in an anonymous sample of emergency-service workers who are not currently seeking compensation. METHOD:

A

total of 86 paramedics completed questionnaires that addressed exposure to traumatic events, use of mental health stress leave, social support, current level of distress, and personality patterns. Comparisons were made between groups who had used mental health stress (MHS) leave and those who had not. Logistic regression was used to determine the best predictors of using leaves.

RESULTS: Current levels of social support were associated with previous use of mental health stress leave. In addition, significantly more individuals who had taken MHS leave in the past reported posttraumatic stress symptoms in the high or severe range. People with personality patterns characterized by suspiciousness, hostility, and isolation and having a tendency toward demanding,

controlling, and manipulative behaviour in relationships were also more likely to have taken an MHS leave. CONCLUSION: Although social support and trauma symptoms were associated with the use of MHS leave, in this study, personality style was the strongest factor differentiating those individuals who took MHS leave from those who did not.

PMID: 12553131 [PubMed - indexed for MEDLINE]

8: Can J Psychiatry. 2002 Dec;47(10):930-7.

PTSD and the experience of pain: research and clinical implications of shared vulnerability and mutual maintenance models.

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It is common for individuals with symptoms of posttraumatic stress disorder (PTSD) to present with co-occurring pain problems, and vice versa. However, the relation between these conditions often goes unrecognized in clinical settings. In this paper, we describe potential relations between PTSD and chronic pain and their implications for assessment and treatment. To accomplish this, we discuss phenomenological similarities of these conditions, the prevalence of chronic pain in patients with PTSD, and the prevalence of PTSD in patients with chronic pain. We also present several possible explanations for the co-occurrence of these disorders, based primarily on the notions of shared vulnerability and mutual maintenance. The paper concludes with an overview of future research directions, as well as practical recommendations for assessing and treating patients who present with co-occurring PTSD or chronic pain symptoms.

Publication Types:

Review

Review, Academic

PMID: 12553128 [PubMed - indexed for MEDLINE]

9: Can J Psychiatry. 2002 Dec;47(10):923-9.

Epidemiologic studies of trauma, posttraumatic stress disorder, and other psychiatric disorders.

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This paper reviews recent epidemiologic studies of posttraumatic stress disorder (PTSD) in the general population. Estimates of the prevalence of exposure to traumatic events vary with the method used to ascertain trauma exposure and the definition of the stressor criterion. Changes in the DSM-IV definition of "stressor" have increased the number of traumatic events experienced in the community that can be used to diagnose PTSD and thus, the number of PTSD cases. Risk factors for PTSD in adults vary across studies. The 3 factors identified as having relatively uniform effects are 1) preexisting psychiatric disorders, 2) a family history of disorders, and 3) childhood trauma. In civilian populations, women are at a higher risk for PTSD than are men, following exposure to traumatic events. Most community residents have experienced 1 or more PTSD-level traumas in their lifetime, but only a few succumb to PTSD. Trauma victims who do not succumb to PTSD are not at an elevated risk for the subsequent onset of major depression or substance use disorders, compared with unexposed persons.

Publication Types:

Review

Review, Academic  
PMID: 12553127 [PubMed - indexed for MEDLINE]

10: Can J Psychiatry. 2002 Dec;47(10):921-2.  
Taking aim at posttraumatic stress disorder: understanding its nature and shooting down myths.  
Stein MB.  
Publication Types:  
Editorial  
PMID: 12553126 [PubMed - indexed for MEDLINE]

11: Clin Nurse Spec. 2003 Jan;17(1):34-41; quiz 42-3.  
Acknowledging posttraumatic stress effects on health. A nursing intervention model.  
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Many people in our society have been exposed to overwhelming trauma, including abuse and assault. Posttraumatic stress can persist and become a chronic disorder, with behavioral and physiologic alterations affecting health across the lifespan. Often the etiologic role of trauma in a health problem remains undiscerned and unacknowledged. Acknowledging the effects of trauma is a caring intervention in itself, and it can lead to more effective healthcare and better relationships with patients. This article describes the process of acknowledging the effects of trauma in clinical reasoning, in dialogue with the patient, and in planning care and interventions.  
Publication Types:  
Review  
Review, Tutorial  
PMID: 12544119 [PubMed - indexed for MEDLINE]

12: Behav Neurol. 2001-2002;13(3-4):133-47.  
Theoretical accounts of Gulf War Syndrome: from environmental toxins to psychoneuroimmunology and neurodegeneration.  
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Non-specific illness includes a wide variety of symptoms: behavioural (e.g., reduced food and water intake), cognitive (e.g., memory and concentration problems) and physiological (e.g., fever). This paper reviews evidence suggesting that such symptoms can be explained more parsimoniously as a single symptom cluster than as a set of separate illnesses such as Gulf War Syndrome (GWS) and chronic fatigue syndrome (CFS). This superordinate syndrome could have its biological basis in the activity of pro-inflammatory cytokines (in particular interleukin-1: IL-1), that give rise to what has become known as the 'sickness response'. It is further argued that the persistence of non-specific illness in chronic conditions like GWS may be (in part) attributable to a bio-associative mechanism (Ferguson and Cassaday, 1999). In the case of GWS, physiological challenges could have produced a non-specific sickness response that became associated with smells (e.g., petrol), coincidentally experienced in the Persian Gulf. On returning to the home environment, these same smells would act as associative triggers for the maintenance of (conditioned) sickness

responses. Such associative mechanisms could be mediated through the hypothalamus and limbic system via vagal nerve innervation and would provide an explanation for the persistence of a set of symptoms (e.g., fever) that should normally be short lived and self-limiting. We also present evidence that the pattern of symptoms produced by the pro-inflammatory cytokines reflects a shift in immune system functioning towards a (T-helper-1) Th1 profile. This position contrasts with other immunological accounts of GWS that suggest that the immune system demonstrates a shift to a Th2 (allergy) profile. Evidence pertaining to these two contrasting positions is reviewed.

Publication Types:

Review

Review, Tutorial

PMID: 12446953 [PubMed - indexed for MEDLINE]

13: J Abnorm Psychol. 2002 Nov;111(4):637-47.

Confirmatory factor analyses of posttraumatic stress symptoms in deployed and nondeployed veterans of the Gulf War.

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Confirmatory factor analysis was used to compare 6 models of posttraumatic stress disorder (PTSD) symptoms, ranging from 1 to 4 factors, in a sample of 3,695 deployed Gulf War veterans (N = 1,896) and nondeployed controls (N = 1,799). The 4 correlated factors-intrusions, avoidance, hyperarousal, and dysphoria-provided the best fit. The dysphoria factor combined traditional markers of numbing and hyperarousal. Model superiority was cross-validated in multiple subsamples, including a subset of deployed participants who were exposed to traumatic combat stressors. Moreover, convergent and discriminant validity correlations suggested that intrusions may be relatively specific to PTSD, whereas dysphoria may represent a nonspecific component of many disorders. Results are discussed in the context of hierarchical models of anxiety and depression.

PMID: 12428777 [PubMed - indexed for MEDLINE]

14: J Abnorm Psychol. 2002 Nov;111(4):626-36.

Reappraising the link between peritraumatic dissociation and PTSD symptom severity: evidence from a longitudinal study of community violence survivors.

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Cross-lagged panel analysis of longitudinal data collected from young adult survivors of community violence was used to examine the relationship between recall of peritraumatic dissociation and posttraumatic stress disorder (PTSD) symptom severity. Recollections of peritraumatic dissociation assessed within days of exposure differed from recollections measured at 3- and 12-month follow-up interviews. Peritraumatic dissociation was highly correlated with PTSD symptoms within each wave of data collection. Baseline recollections of peritraumatic dissociation were not predictive of follow-up PTSD symptom severity after controlling for baseline PTSD symptom severity. This pattern of results replicates previous work demonstrating a correlation between peritraumatic dissociation and subsequent symptom severity. However, findings are not consistent with the prevailing view that peritraumatic dissociation leads to increased PTSD symptom severity.

PMID: 12428776 [PubMed - indexed for MEDLINE]

15: J Pers Assess. 2002 Oct;79(2):321-36.

The MMPI-2 as a predictor of symptom change following treatment for posttraumatic stress disorder.

Forbes D, Creamer M, Allen N, Elliott P, McHugh T, Debenham P, Hopwood M.  
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This study sought to examine the impact of personality factors on symptom change following treatment for 141 Vietnam veterans with chronic combat-related posttraumatic stress disorder (PTSD) using the Minnesota Multiphasic Personality Inventory-2 (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989). A series of partial correlation and linear multivariate regression analyses identified social alienation, associated with anger and substance use, as the most potent negative predictor of symptom change. Of the scales assessing personality disorder, Borderline Personality was identified as the strongest negative predictor of outcome. Regression analyses examining the most salient scales identified 5 items that contributed 14% of the variance in the prediction of change scores independently of the 21% accounted for by pretreatment PTSD severity.

PMID: 12425394 [PubMed - indexed for MEDLINE]

16: J Pers Assess. 2002 Oct;79(2):274-85.

Differentiating overreporting and extreme distress: MMPI-2 use with compensation-seeking veterans with PTSD.

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This purpose of this study was to examine overreporting on the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) in compensation-seeking veterans with posttraumatic stress disorder (PTSD). A sample of veterans tested during a V.A. hospital compensation and pension exam were given the MMPI-2 and measures of PTSD, depression, and combat exposure. Veteran's MMPI-2s were only included in the analyses if their profile was extremely exaggerated, as measured by an F scale T score above 80, did not elevate the MMPI-2 VRIN and TRIN scales, and had a primary diagnosis of PTSD (n = 127). Using the Infrequency-Psychopathology, F(p), scale to distinguish overreporting from distress, it was found that 98 veterans elevated profiles due to distress, whereas 29 elevated due to overreporting, F(p) below and above 7, respectively. Differences between groups on MMPI-2 clinical scales and the other measures were assessed. Implications of these findings for assessing veteran response style and using the MMPI-2 with a PTSD population are discussed.

PMID: 12425391 [PubMed - indexed for MEDLINE]

17: Psychiatr Q. 2002 Winter;73(4):259-70.

New directions in the pharmacotherapy of posttraumatic stress disorder.

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Advances in psychopharmacology of PTSD are presented, focusing on antidepressants, adrenergic agents, antianxiety agents, and mood stabilizers.

Treatment recommendations are related to recent advances in the understanding of

the biology of PTSD. Pharmacotherapy of PTSD in children and adolescents is discussed, including recommended dose ranges. Recommendations are specified for pharmacotherapy of trauma survivors in the immediate aftermath of traumatic exposure, and for those with acute and chronic posttraumatic stress disorders.  
Publication Types:

Review

Review, Academic

PMID: 12418356 [PubMed - indexed for MEDLINE]

18: J Anxiety Disord. 2002;16(6):599-603.

Lifetime trauma history and panic disorder: findings from the National Comorbidity Survey.

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OBJECTIVE: The purpose of this article is to examine prevalence of lifetime traumatic experiences in a community sample of panic disorder patients. METHOD: We examined trauma rates in a cohort of panic disorder patients. Also, we statistically disaggregated comorbid PTSD from individuals diagnosed with panic disorder in the National Comorbidity Survey. FINDINGS: Panic disorder patients suffer lifetime traumatic experiences at high rates. We found that 24.2% of females and 5% of males with panic disorder reported previous history of being sexually molested. CONCLUSIONS: These results suggest that trauma may act as a risk factor for panic disorder, as well as comorbid panic disorder and PTSD.

PMID: 12405520 [PubMed - indexed for MEDLINE]

19: Psychiatry. 2002 Fall;65(3):240-60.

60,000 disaster victims speak: Part II. Summary and implications of the disaster mental health research.

Norris FH, Friedman MJ, Watson PJ.

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On the basis of the literature reviewed in Part I of this two-part series (Norris, Friedman, Watson, Byrne, Diaz, and Kaniasty, this volume), the authors recommend early intervention following disasters, especially when the disaster is associated with extreme and widespread damage to property, ongoing financial problems for the stricken community, violence that resulted from human intent, and a high prevalence of trauma in the form of injuries, threat to life, and loss of life. Meeting the mental health needs of children, women, and survivors in developing countries is particularly critical. The family context is central to understanding and meeting those needs. Because of the complexity of disasters and responses to them, inter-agency cooperation and coordination are extremely important elements of the mental health response. Altogether, the research demands that we think ecologically and design and test societal- and community-level interventions for the population at large and conserve scarce clinical resources for those most in need.

Publication Types:

Review

Review, Tutorial

PMID: 12405080 [PubMed - indexed for MEDLINE]

20: Psychiatry. 2002 Fall;65(3):207-39.

60,000 disaster victims speak: Part I. An empirical review of the empirical

literature, 1981-2001.

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Results for 160 samples of disaster victims were coded as to sample type, disaster type, disaster location, outcomes and risk factors observed, and overall severity of impairment. In order of frequency, outcomes included specific psychological problems, nonspecific distress, health problems, chronic problems in living, resource loss, and problems specific to youth. Regression analyses showed that samples were more likely to be impaired if they were composed of youth rather than adults, were from developing rather than developed countries, or experienced mass violence (e.g., terrorism, shooting sprees) rather than natural or technological disasters. Most samples of rescue and recovery workers showed remarkable resilience. Within adult samples, more severe exposure, female gender, middle age, ethnic minority status, secondary stressors, prior psychiatric problems, and weak or deteriorating psychosocial resources most consistently increased the likelihood of adverse outcomes. Among youth, family factors were primary. Implications of the research for clinical practice and community intervention are discussed in a companion article (Norris, Friedman, and Watson, this volume).

Publication Types:

Review

Review, Academic

PMID: 12405079 [PubMed - indexed for MEDLINE]

21: Violence Vict. 2002 Aug;17(4):473-89.

Violence and hostility among families of Vietnam veterans with combat-related posttraumatic stress disorder.

Glenn DM, Beckham JC, Feldman ME, Kirby AC, Hertzberg MA, Moore SD.  
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The current study provides a portrait of emotional-behavioral functioning within a small sample of Vietnam veterans with combat-related posttraumatic stress disorder (PTSD), their partners, and older adolescent and adult children. Veterans, their partners and children reported moderate-low to moderate-high levels of violent behavior. In addition, partner and veteran hostility scores were elevated relative to gender and age matched norms. Partners also reported heightened levels of psychological maltreatment by veterans. Veterans' combat exposure was positively correlated with hostility and violent behavior among children but unrelated to partner variables. Veterans' reports of PTSD symptoms were positively associated with reports of hostility and violence among children, and hostility and general psychological distress among partners. Veterans' violent behavior was also positively correlated with children's violent behavior, but did not yield significant correlations with other child or partner variables. Findings are discussed in relation to prior work and directions for future research are addressed.

PMID: 12353593 [PubMed - indexed for MEDLINE]

22: J Anxiety Disord. 2002;16(3):273-88.

Efficacy of Eye Movement Desensitization in the treatment of cognitive intrusions related to a past stressful event.

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Much of the Eye Movement Desensitization and Reprocessing (EMDR) efficacy

research has been widely criticized, limiting scientific understanding of its therapeutic components. The present investigation of Eye Movement Desensitization (EMD) effectiveness included undergraduate students reporting current intrusive cognitions concerning a traumatic event. Forty-five participants received a single treatment session of either: (a) EMD, as described by Shapiro [J. Behav. Ther. Exp. Psychiatry 20 (1989b) 211], (b) an identical procedure which employed eye fixation on a stationary target, or (c) non-directive counseling. Standardized self-report, subjective rating, Daily Diary, and intrusive thought sampling measures were collected before and after treatment. Results indicated that participants in the eye fixation group reported marginally ( $p < .052$ ) fewer cognitive intrusions than the non-directive group 1 week following treatment. No significant differences between the EMD and non-directive conditions or between the EMD and eye fixation conditions on this measure were found. During the treatment session, both desensitization groups were superior to the non-directive group in reducing reported vividness of the mental image of the original event. However, the non-directive group improved to the level of the two other groups by the following week. Rapid saccadic eye movements were therefore unrelated to immediate treatment effects for this sub-clinical sample, and non-directive treatment largely yielded eventual outcomes equivalent to the two desensitization conditions.  
PMID: 12214813 [PubMed - indexed for MEDLINE]

23: Psychol Med. 2002 Jul;32(5):863-71.

The Aberdeen Trauma Screening Index: an instrument to predict post-accident psychopathology.

Klein S, Alexander DA, Hutchinson JD, Simpson JA, Simpson JM, Bell JS.  
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**BACKGROUND:** A key challenge in trauma care is the prevention of psychopathology. However, no definitive method of identifying individuals at risk of developing psychopathology exists. The Aberdeen Trauma Screening Index (ATSI) is a brief screening tool developed for use in a clinical setting by non-mental health professionals to facilitate the early identification of individuals most at risk of psychopathology 3-months post-accident. **METHODS:** The ATSI derived from a prospective study of a 150 out of an initial pool of 213 consecutive admissions to the Orthopaedic Trauma Unit and the Accident and Emergency Department of Aberdeen Royal Infirmary. Potential predictors were identified by a comprehensive assessment conducted within 1-week post-accident. Outcome at 3-months post-accident was measured using 'caseness' according to the General Health Questionnaire (GHQ-28). **RESULTS:** The ATSI is based on a final model comprising only seven variables with a sensitivity of 79% and specificity of 65%. A predictive index score (0-100) was produced to ensure the practical utility of the ATSI in a clinical setting. A ROC curve was constructed to illustrate the relationship between sensitivity and the specificity values with their corresponding threshold scores. On the basis of a prevalence rate of 55% 'caseness', as identified in the present study, a cut-off point of 45 provides the optimal outcome with a sensitivity value of 70% and a specificity value of 71%. **CONCLUSIONS:** The ATSI can accurately identify those most at risk of developing psychopathology 3-months post-accident in a sample of accidentally injured adult subjects recruited as consecutive admissions to an urban hospital in the North East of Scotland. However, to establish the generalizability of these findings, it is important that the ATSI be validated in both similar and diverse populations.

PMID: 12171380 [PubMed - indexed for MEDLINE]

